

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION

**VOLUNTARY CLEANUP PROGRAM
CONDITIONAL CERTIFICATE OF COMPLETION**

As provided for in §361.609, Subchapter S, Solid Waste Disposal Act (SWDA), Texas Health and Safety Code.

I, BARRY J. WILLIAMS, DEPUTY DIRECTOR OF THE OFFICE OF WASTE MANAGEMENT, TEXAS NATURAL RESOURCE CONSERVATION COMMISSION, CERTIFY UNDER §361.609, SWDA, TEXAS HEALTH AND SAFETY CODE, THAT NECESSARY RESPONSE ACTIONS HAVE BEEN IMPLEMENTED AS OF _____ (date) _____ FOR THE TRACT OF LAND DESCRIBED IN EXHIBIT "A", BASED ON THE AFFIDAVIT OF RESPONSE ACTION IMPLEMENTATION FOR VCP NO. ____ EXHIBIT "B", WHICH ARE FURTHER DESCRIBED IN THE APPROVED RESPONSE ACTION WORKPLAN FOR THE SITE, AND INCLUDE POST-CLOSURE CARE (e.g., MAINTENANCE OF ENGINEERING CONTROLS, REMEDIATION SYSTEMS, AND/OR USE OF NON-PERMANENT INSTITUTIONAL CONTROLS). AN APPLICANT WHO ON THE DATE OF APPLICATION SUBMITTAL WAS NOT A RESPONSIBLE PARTY UNDER §361.271 OR §361.275(g), SWDA AND ALL FUTURE OWNERS AND LENDERS ON THE DATE OF ISSUANCE OF THIS CERTIFICATE, WHO WERE NOT RESPONSIBLE PARTIES UNDER §361.271 OR §361.275(g), SWDA, ARE QUALIFIED TO OBTAIN THE PROTECTION FROM LIABILITY DESCRIBED IN §361.610, SUBCHAPTER S, SWDA PROVIDED THE APPLICANT OR FUTURE OWNERS ARE SATISFACTORILY MAINTAINING THE POST-CLOSURE CARE (e.g., MAINTENANCE OF ENGINEERING CONTROLS, REMEDIATION SYSTEMS, AND/OR USE OF NON-PERMANENT INSTITUTIONAL CONTROLS) AS DESCRIBED IN EXHIBIT "B".

EXECUTED this ____ day of _____, 19____.

Barry J. Williams, Deputy Director
Office of Waste Management

STATE OF TEXAS
(_____) COUNTY

BEFORE ME, on this the ____ day of _____, personally appeared Barry J. Williams, Deputy Director, Office of Waste Management, of the Texas Natural Resource Conservation Commission, known to me to be the person and agent of said commission whose name is subscribed to the foregoing instrument, and he acknowledged to me that he executed the same for the purposes and in the capacity therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the ____ day of _____, 19____.

Notary Public in and for the State of Texas,
County of _____

My Commission Expires _____

EXHIBIT "A"
TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
VOLUNTARY CLEANUP PROGRAM
LEGAL DESCRIPTION OF RESPONSE ACTION AREA
VCP No. ____

The response action area is a ____ acre tract, more or less, out of the (Company/Site Name)'s ____ acre tract located at address, City in the (Name) League (No.), Abstract (No.), recorded in Volume (No.), Page (No.) of the Deed of Records _____ County, Texas, said ____ acre response action area is more particularly described as follows:

(Insert metes and bounds description here)

EXHIBIT "B__"
TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
VOLUNTARY CLEANUP PROGRAM
AFFIDAVIT OF IMPLEMENTATION OF RESPONSE ACTION
APPLICANT __

_____ (Applicant), has implemented response actions pursuant to Chapter 361, Subchapter S, SWDA, at the tract of land described in Exhibit "A" to this certificate that pertains to _____ (the Site), VCP No. ____ located at _____ Address., in ____ City, (____ County), Texas that is currently owned by ____ Owner _____. The Applicant has submitted and received approval from the TNRCC Voluntary Cleanup Section on all plans and reports required by the Voluntary Cleanup Agreement for receipt of a conditional certificate of completion. The plans and reports were prepared using a prudent degree of inquiry of the Site or Partial Response Action Area consistent with accepted industry standards to identify all contaminated media of regulatory concern. The response actions will include the following post- closure care activities:

- 1.
- 2.
- 3.

The response actions, for the Site or partial response action area will achieve response action levels acceptable for Residential, Commercial/Industrial, Agricultural, or Recreational land use as determined by the standards of the TNRCC. The response action will eliminate, or reduce to the maximum extent practicable, substantial future risk to protect public health and safety and the environment from releases and threatened releases of hazardous substances and/or contaminants at or from the Site or partial response action area. Further information concerning the response action at this site may be found in the response action workplan at the central office of the TNRCC under VCP No. _____.

The preceding is true and correct to the best of my knowledge and belief

Applicant or Authorized Representative

By: _____
Print Name: _____

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____, 19____, by

Notary Public in and for the State of
(State)

My Commission Expires:

Typed or Printed Name of Notary